

RACING AND GAMING COMMISSION[491]

Adopted and Filed

Pursuant to the authority of Iowa Code sections 99D.7 and 99F.4, the Racing and Gaming Commission hereby amends Chapter 5, “Track, Gambling Structure, and Excursion Gambling Boat Licensees’ Responsibilities,” and Chapter 10, “Thoroughbred and Quarter Horse Racing,” Iowa Administrative Code.

The amendment in Item 1 to subrule 5.4(12), which relates to problem gambling policies and procedures, specifically, voluntary exclusion, implements legislation passed in 2017 to amend Iowa Code sections 99D.7(23) and 99F.4(22).

The amendment in Item 2 to paragraph 10.7(1)“k,” which relates to racehorse medication requirements, implements legislation passed in 2017 to amend Iowa Code section 99D.25A.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 3255C** on August 16, 2017. A public hearing was held on September 5, 2017. No one attended the hearing, and no comments were received. These amendments are identical to those published under Notice.

After analysis and review of this rule making, no adverse impact on jobs has been found.

These amendments are intended to implement Iowa Code chapters 99D and 99F and 2017 Iowa Acts, Senate File 442 and House File 568.

These amendments will become effective December 13, 2017.

The following amendments are adopted.

ITEM 1. Amend subrule 5.4(12) as follows:

5.4(12) Problem gambling.

a. The holder of a license to operate gambling games shall adopt and implement policies and procedures designed to:

- (1) Identify problem gamblers; and
- (2) Allow persons to be voluntarily excluded for five years or life from all facilities. Each facility will disseminate information regarding the exclusion to all other facilities.

b. The policies and procedures shall be developed in cooperation with the gambling treatment program and shall include without limitation the following:

- (1) Training of key employees to identify and report suspected problem gamblers;
- (2) Procedures for recording and tracking identified problem gamblers;
- (3) Policies designed to prevent serving alcohol to intoxicated casino patrons;
- (4) Steps for removing problem gamblers from the casino; and
- (5) Procedures for preventing reentry of problem gamblers.

c. A licensee shall include information on the availability of the gambling treatment program in a substantial number of its advertisements and printed materials.

ITEM 2. Amend paragraph **10.7(1)“k”** as follows:

k. Non-steroidal anti-inflammatory drugs (NSAIDs).

- (1) The use of one of three approved NSAIDs shall be permitted under the following conditions:
 1. The level does not exceed the following permitted serum or plasma threshold concentrations which are consistent with administration by a single intravenous injection at least 24 hours before the post time for the race in which the horse is entered:

- Phenylbutazone (or its metabolite oxyphenylbutazone) – 5 2 micrograms per milliliter;
- Flunixin – 20 nanograms per milliliter;
- Ketoprofen – 2 nanograms per milliliter.

2. The NSAIDs listed in numbered paragraph “1” or any other NSAIDs are prohibited from being administered within the 24 hours before post time for the race in which the horse is entered.

3. The presence of more than one of the three approved NSAIDs, with the exception of phenylbutazone in a concentration below ~~4 microgram~~ 0.3 micrograms per milliliter, flunixin in a

concentration below 3 nanograms per milliliter, or ketoprofen in a concentration below 1 nanogram per milliliter of serum or plasma, or the presence of any unapproved NSAID in the post-race serum or plasma sample is not permitted. The use of all but one of the approved NSAIDs shall be discontinued at least 48 hours before the post time for the race in which the horse is entered.

(2) Any horse to which an NSAID has been administered shall be subject to having a blood sample(s), urine sample(s) or both taken at the direction of the official veterinarian to determine the quantitative NSAID level(s) or the presence of other drugs which may be present in the blood or urine sample(s).

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